

Colorado Department of Agriculture
Division of Plant Industry
Pesticide/Pesticide Applicator Section
700 Kipling Street, Suite 4000
Lakewood, Colorado 80215-8000
(303) 239-4146

NOTIFICATION OF QUALIFIED SUPERVISORS OR CERTIFIED OPERATORS

PLEASE TYPE OR PRINT IN BLACK OR BLUE INK.

NOTE: A copy of this document must be included with your application.

If you have not yet been assigned a business ID, write the word NEW in the business ID space. Future additions and/or deletions to your business license must be submitted on this form.

If you add a new qualified supervisor or certified operator, please be advised that this office requires the reverse side of this form be filled out by that individual before they can be listed on your license. **BOTH SIDES OF THIS FORM MUST BE COMPLETED BEFORE A BUSINESS LICENSE WILL BE ISSUED AND AN INDIVIDUAL ATTACHED TO A CURRENT BUSINESS LICENSE.**

BUSINESS ID: _____ **NAME:** _____

Please INCLUDE/ADD the following qualified Supervisors/certified Operators to the business.

APPLICATOR ID #	NAME
_____	_____
_____	_____
_____	_____
_____	_____

Please DELETE the following Qualified Supervisors/Certified Operators from the business.

APPLICATOR ID #	NAME
_____	_____
_____	_____
_____	_____
_____	_____

_____	_____
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Date

Signature of Authorized Representative

Continued On Reverse Side

NOTIFICATION OF QUALIFIED SUPERVISORS OR CERTIFIED OPERATORS

THIS SIDE TO BE COMPLETED BY INDIVIDUAL

€ I WISH TO HAVE MY QS/CO LICENSE ATTACHED TO FOLLOWING BUSINESS LICENSE

€ I WORK FOR A LIMITED COMMERCIAL/PUBLIC APPLICATOR AND DO NOT USE RESTRICTED USE PESTICIDES

BUSINESS ID #: _____ NAME: _____

APPLICATOR ID #

NAME

NAME

_____	_____ PRINT	_____ SIGNATURE
_____	_____ PRINT	_____ SIGNATURE
_____	_____ PRINT	_____ SIGNATURE
_____	_____ PRINT	_____ SIGNATURE

I WISH TO HAVE MY QS/CO LICENSE DELETED FROM THE FOLLOWING BUSINESS LICENSE

BUSINESS ID #: _____ NAME: _____

APPLICATOR ID #

NAME

NAME

_____	_____ PRINT	_____ SIGNATURE
_____	_____ PRINT	_____ SIGNATURE
_____	_____ PRINT	_____ SIGNATURE
_____	_____ PRINT	_____ SIGNATURE